2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-28-2003 90041 018 ****50.00

DOCUMENT # L02000003790

1. Entity Name
SOUTHGATE NUTRITION, LLC

Principal Place of Business	Mailing Address
134 SOUTHGATE PLAZA SARASOTA FL 34239	3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA FL 34239

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 15431	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sarasota, FL	
Zip	Country	Zip 34277	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 043607227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LUZIER, THOMAS B ESQ.~~ ~~3400 S. TAMIAMI TRAIL~~ ~~SUITE 202~~ ~~SARASOTA FL 34239~~	Name Mark Caruso Street Address (P.O. Box Number is Not Acceptable) 4290 Brackenwood Court City Sarasota FL Zip Code 34232

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARUSO, MARK 8360 WINGATE DRIVE, SUITE 824 SARASOTA FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Caruso Mark 4290 Brackenwood Court Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] ~~SIGNATURE REQUIRED~~ 2/23/03 (941) 350-8803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)